

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>32</i>	<i>4/4</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>H.T.</i>	<i>913</i>	<i>05/14/21</i>
	<i>H.T.</i>	<i>712</i>	<i>08-2401</i>

INDEX OF CLAIMS

..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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